

[illegible]

(Assistant Examiner) (Date)

KENT BELL
PRIMARY EXAMINER

Total Claims Allowed: 1

O.G.
Print Claim(s)
Aut *Aut*

O.G.
Print Fig.
NA.

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.147				
Final	Original			Final	Original			Final	Original			Final	Original			
1	1				31				121				151			181
	2				32				122				152			182
	3				33				123				153			183
	4				34				124				154			184
	5				35				125				155			185
	6				36				126				156			186
	7				37				127				157			187
	8				38				128				158			188
	9				39				129				159			189
	10				40				130				160			190
	11				41				131				161			191
	12				42				132				162			192
	13				43				133				163			193
	14				44				134				164			194
	15				45				135				165			195
	16				46				136				166			196
	17				47				137				167			197
	18				48				138				168			198
	19				49				139				169			199
	20				50				140				170			200
	21				51				141				171			201
	22				52				142				172			202
	23				53				143				173			203
	24				54				144				174			204
	25				55				145				175			205
	26				56				146				176			206
	27				57				147				177			207
	28				58				148				178			208
	29				59				149				179			209
	30				60				150				180			210